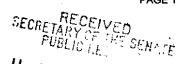
FEC FORM 2 (REV. 02/2009)



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FEC FORM 2 STATEMENT OF CANDIDACY



J	IAIEWENI OF CAND	IDACT						14	MAY	Y 11	nc.	,	
1.	(a) Name of Candidate (in full) Timothy E. Scott									1 ()	, j	1 2:	03
	(b) Address (number and street) 1405 Ashley River Road	☐ Check if address changed					Candidate's FEC Identification Number S4SC00240						
	(c) City, State, and ZIP Code Charleston		SC 29407-5305			3.	ls This Staten		8 H	lew N)	OR	×	Amended (A)
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sougl Senate	· ·				Candid	date					
برسس	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N C	ЭММС	TTE	E				
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s). (year of election)													
	NOTE: This designation should be f	iled with the ap	propriate off	ice listed in t	he instructions.								
	(a) Name of Committee (in full) Tim Scott for Senate	9											
	(b) Address (number and street) 1405 Ashley River Road								<u> </u>				
	(c) City, State, and ZIP Code												
	Charleston				sc		29407	-530	5				
8.	I hereby authorize the following name candidacy.	•	ncluding Joi	nt Fundraisin	g Representati	ives)				o end	l funds	on bef	nalf of my
	NOTE: This designation should be f	iled with the prir	icipal camp	aign committ	9e.								
•	(a) Name of Committee (in full) Restore Our Majorit	y 2013											
	(b) Address (number and street) 228 S Washington Street												
	Suite 115 (c) City, State, and ZIP Code												
	Alexandria				VA		22314-	-5404					
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge	and be	elief it is	true,	correct	t and	comple	te.	
Signature of Candidate Timothy E. Scott					Dat 05	6/09/20	14						
NO	OTE: Submission of false, erroneous,	or incomplete i	nformation r	may subject t	he person sign	ing this	Staten	nent to	o pena	Ities o	of 2 U.S	.C. §4	37g.
											•		

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)				Page 2 / 3
	N OF OTHER AUTHO			[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	is NOT my principal campaign	committee, to	receive and expend funds o	in behalf of my
NOTE: This designation should be filed with the	principal campaign commit	tee.		
(a) Name of Committee (in full)				
2013 Senators' Classic Com	mittee			
(b) Address (number and street) 228 S Washington Street Suite 115				
(c) City, State and ZIP Code				
Alexandria		VA	22314-5404	
· · · · · · · · · · · · · · · · · · ·	ON OF OTHER AUTH (Including Joint Fundraising			[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	n is NOT my principal campaign	committee, to	receive and expend funds of	on behalf of my
NOTE:This designation should be filed with the	e principal campaign commi	ttee.		
(a) Name of Committee (in full)				
Barrasso Scott Victory Fund				
(b) Address (number and street) 901 N Washington Street Suite 700				
(c) City, State and ZIP Code				
Alexandria		VA	22314-1535	
	ON OF OTHER AUTHO			[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	h is NOT my principal campaign	ocommittee, to	receive and expend funds	on behalf of my
NOTE:This designation should be filed with the	e principal campaign commi	ttee.		
(a) Name of Committee (in full)			· ·	
Scott Cotton Daines Victory	Fund (SCDVF)			
(b) Address (number and street) 901 N Washington Street Suite 700				
(c) City, State and ZIP Code				
Alexandria		VA	22314-1535	

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

		.Page ৩ /
	OF OTHER AUTHORIZED COMMITTEES cluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation should be filed with the pr	rincipal campaign committee.	
(a) Name of Committee (in full)		
2014 Senators' Classic Comm	nittee	
(b) Address (number and street) 228 S Washington Street Suite 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
	I OF OTHER AUTHORIZED COMMITTEES notuding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation should be filed with the pr	rincipal campaign committee.	
(a) Name of Committee (in full)		
(a) Name of Committee (in full) Mississippi Majority Committee	9	
	9	
Mississippi Majority Committee (b) Address (number and street) 228 S Washington Street	Э	
Mississippi Majority Committee (b) Address (number and street) 228 S Washington Street Suite 115	9 VA 22314-5404	
Mississippi Majority Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code Alexandria DESIGNATION		[ADDITIONAL]
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Mississippi Majority Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code Alexandria DESIGNATION (In I hereby authorize the following named committee, which is candidacy. NOTE:This designation should be filed with the process of the committee of Committee (in full) Scott Capito Rounds Victory F (b) Address (number and street) 901 N Washington Street	VA 22314-5404 I OF OTHER AUTHORIZED COMMITTEES Including Joint Fundraising Representatives) I NOT my principal campaign committee, to receive and expend funds rincipal campaign committee.	

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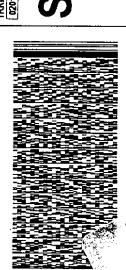
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